

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586059

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51	/	/	/	/	/	/
2			/	/	/	/	52			/	/		
3		2			/	/	53					/	/
4					/	/	54	/		/	/		
5					/	/	55	/				/	/
6					/	/	56						
7					/	/	57						
8					/	/	58						
9					/	/	59						
10					/	/	60						
11					/	/	61						
12					/	/	62						
13					/	/	63						
14					/	/	64						
15	1				/	/	65						
16	/				/	/	66						
17	/				/	/	67						
18	/				/	/	68						
19		4			/	/	69						
20					/	/	70						
21					/	/	71						
22					/	/	72						
23					/	/	73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39		0			/	/	89						
40	/				/	/	90						
41	/				/	/	91						
42	/	2			/	/	92						
43					/	/	93						
44					/	/	94						
45					/	/	95						
46					/	/	96						
47					/	/	97						
48					/	/	98						
49					/	/	99						
50							100						
TOTAL IND.	7				7								
TOTAL DEF.	54				44								
TOTAL CLAIMS	61				57								